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The Special Treatment Clinic

ELLA GRANT

The problem confronting our Clinic work, that of venereal disease, is not new by any means.

Venereal diseases are three in number, Chancroid, Gonorrhœa, and Syphilis. I will speak only of Syphilis, as it is with it that we are dealing entirely at our Clinic. The other two are, of course, important. Gonorrhœa is, perhaps, equally important, as it is a more acute condition, and the fact that it is at least three times more prevalent, and some say six times, makes it a very serious problem from the economic as well as the social standpoint.

Some authorities maintain that Syphilis has existed in Europe for many centuries, while others maintain that it was carried there from America by Columbus. However that may be, it is known for certain that a severe epidemic of Syphilis raged in Europe at the end of the fifteenth century, and that it spread rapidly to all countries and corners of the Continent. Since then Syphilis has been present in practically every country of the world, and, although in a less noticeable form, it is no less a pestilence.

LJ BIOLOGY MEDICAL FACULTY. EDITOR

Although Syphilis is such an old disease, and although the existence of a specific organism as the casual agent was long suspected, it was not until 1905 that medical specialists were finally successful in their search and able to demonstrate the Spirochœte pallida, which is now accepted as the organism causing Syphilis.

Syphilis is an infectious disease, propagated by inoculation when it is spoken of as "acquired" Syphilis, or by hereditary transmission when it is spoken of as "congenital" Syphilis. It is chronic in course, indefinite in duration, and is as varied in character as it is wide-spread in distribution. No organ is exempt from its attack, just as no country in the world is free from it. It shortens more lives than we can estimate, and its ultimate ravages are not yet known. In our war against it one of our difficulties has been the lack of reliable statistics. The death rate is no index of its prevalence, as in the majority of cases the cause of death given on death certificate has merely been a symptom of the disease. The course of Syphilis has been divided into three stages, primary, secondary and tertiary. Now, there is no distinct dividing line between these stages, as one might suppose, and, in fact, they are often so fused into one another as to be inseparable, and these terms are used rather to express the quality of certain symptoms.

The primary lesion, which occurs from ten days to seven weeks after exposure to infection, takes the form of a small, red papille at the point of inoculation, which later break down, forming an ulcer, large or small, as the case may be, and it is now called a chancre. The secretion from this chancre is very contagious. This may continue for from one to three months with no other symptoms, when it may clear up without treatment. Then the secondary stage begins, with its constitutional symptoms. There may be fever more or less marked, a rash of variable character, but usually quite typical, pain in bones, headaches and mucous patches, or ulcers on mucous membranes of mouth and throat. The secretions of these ulcers are also very contagious, so you can readily see what a menace these patients are to the community, and still they are allowed at large while we quarantine people with diseases that are not as serious, and I think scarcely to be so dreaded.

The tertiary symptoms may not appear for months, or even years, and, in the meantime, the disease is in the quiescent stage. But this slowness of development and insidious latency constitute one of its most dreaded features. It has been said that no other communicable disease continues its manifestations twenty and even fifty years after the original infection.

The typical tertiary lesions are gummata, or soft tumors, which may develop in any tissue or organ in the body from the bone to the brain. They tend to ulcerate and destroy tissue and show little or no tendency to spontaneous cure. Many of the diseases of the nervous system are directly due to Syphilis. In a recent pamphlet issued in Toronto it was stated that twenty-five per cent. of male patients admitted to the Toronto

Hospital for the Insane were suffering from general paresis—a condition due to Syphilis.

It is very doubtful if we have a natural immunity to Syphilis, and, as far as is known, no healthy person is proof against it if directly exposed. It is not definitely known whether Syphilis ever ceases to be infectious, but we do know that it is less infectious in the tertiary stage. If it were not it would be more prevalent even than it is. In the treatment of Syphilis we are using arsenical preparations administered intravenously and intraspinously, also mercurial preparations intramuscularly and by inunction. Time is the enemy of Syphilis. It takes time, perseverance and patience to cure it. The symptoms from which patients are suffering when they commence treatment are usually cleared up by a couple of treatments, and here is where our difficulty comes in. These patients are feeling perfectly well, and it is hard to persuade them that they are still suffering from this disease—and, in fact, we quite often fail.

Syphilis is responsible for cases of sterility, many miscarriages and stillbirths, and is a serious depopulating factor.

So far I have been speaking of Syphilis as a medical rather than a social problem, and, although it is a medical problem, it is essentially social, too. Much as the medical profession may do in a scientific way toward eliminating this disease, its total eradication depends upon improved social conditions and morals, and it is this which makes it such a stupendous problem.

The breeding-place of all venereal disease, without exception, is the social institution called prostitution in the debasement and degradation of what should be the highest and most revered of physical powers, those involved in the act of generation. Bred and cultivated in prostitution, it spreads then through the community, attacking innocent as well as guilty, pure as well as impure. It is transmitted to the offspring, and babies are born with it, often dying; if living, having often a life of suffering to endure. The syphilitic baby is especially infectious. Then we have the marital infection. It is in this way that we get by far the greatest number of innocent or accidental infections. Lastly, we have our extragenital infection. The possibility of this you can readily understand when you remember how infectious are the secretions from the primary and secondary lesions.

These extragenital lesions usually occur on the lip or finger where there has been an abrasion which has been inoculated unknowingly with the virus from using infected dishes, kissing, etc.

If prostitution is the great social cause, then control of it would seem to be the remedy. The reason we have recognized prostitution to-day is because we have permitted and tolerated, nay, in times past believed in a double standard of morals; one for the man and another for the woman. Man demands chasity in woman—why shouldn't women demand it in men? This double standard permits men to indulge freely in acts of

immorality without loss of social standing, and at the same time, condemns the women, who are necessarily involved in these same acts, to social ostracism and even to complete degradation. Both have committed the same sin, but why the difference? Are women prepared to demand as high a standard of morals from men as they demand of women?

Now, there are people to-day here in Toronto who advocate licensed prostitution, under medical supervision, as one of the methods of checking the spread of venereal disease.

As you know, the Ontario Government has appointed a commission to look into this problem and prepare recommendations, and the Commissioner is going to look to the medical profession and social worker for both facts and recommendations. Prostitution has existed since Biblical times, and, if we would just study its history, the phases through which it has passed, the attempts at control, we might profit by the experience and mistakes instead of rushing into it headlong and making the same old errors. Almost every conceivable method of control has been tried, regulating it, licensing it, placing it under police control, under regular medical inspection, in the hope of controlling venereal disease, and yet they still exist and are, if anything, more prevalent to-day than ever before. Obviously, prostitution under control is not the solution. The following is a quotation from the Encyclopædia Brittannica:

"Prostitution seems to be inseparable from human society in large communities. In different countries and ages it has in turn been patronized and prohibited, ignored and recognized, tolerated and condemned, regulated and let alone, flaunted and concealed. Christianity, the greatest moral force in the history of mankind, has repeatedly and systematically attacked it with a scourge in one hand and a balm in the other, but the effect has been trifling and transient. Nor have all the social and administrative resources of modern civilization availed to exercise an effective control; attempts at repression have only lead to a change in form. It has survived all treatment."

Now, prostitution of the commercialized type does not constitute the problem in Canada or even in the United States that it does in Europe. It is not licensed in Canada as far as I know, although it is openly carried on in some places. However, immorality of the most flagrant type does exist in Canada, and, if history shows—as it does—that licensed prostitution tends to increase the tide of immorality, surely we do not want it here.

Prostitution has been defined as promiscuous unchastity for gain. Now, if it is the financial aspect which attracts these girls, we may look to social conditions of life responsible for this. Prostitutes are generally drawn from the lower strata of society. Many of them are compelled to enter the industrial world when quite young, and, in doing so, they are freed from home restraint and are at liberty to do as they wish. And she naturally turns to the street, whose false allurements are many; its education liberal and extremely broad, its commercialized amusements

tinged with evil, with the result that they are soon caught in the tide and one more is numbered with the fallen girl and woman of the street.

But this poverty of environment is not the only cause for girls entering this life. In our Clinic we have very few professional prostitutes, but we have many girls who are leading immoral lives. It is not for money—very few of them ever accept money, and are horrified if you ask such a question. They sometimes accept gifts, but, again, not always. Why do they do it? Many of them absolutely lack moral sense, and here is where we touch the feeble-minded problem, and where it is responsible for the spread of venereal disease. It has been claimed that 60 per cent. of all prostitutes are feeble-minded. Such being the case, the solution of this problem will depend largely upon our control of the feeble-minded. Efforts toward reforming these girls are futile, heredity proving stronger than environment.

Other measures being advocated for controlling venereal diseases are the teaching of prophylactic measures, e.g., preventive treatment in case of exposure; placing Syphilis on the Public Health Act, which will enable us to enforce isolation if necessary; that means, of course, isolation only during the very infectious stage, as when they have secondary lesions. This would also enable us to compel those suffering from the disease to take treatment and report regularly. This wolud be a great help. So often we have had patients who were a real menace to the public, on account of infectious lesions, who absolutely refused to take treatment and continued in the same old immoral life, and would probably be the source of infection to many others. At present we are absolutely helpless when dealing with such cases. Moral suasion is our only weapon, and it has little or no effect on many of these people.

It is also being advocated that all treatment be under state control. Certainly free treatment should be provided without restriction for all who are unable to pay for it. The financial side of it is a serious obstacle with many patients. It is not so much the cost of one treatment, but many treatments over a long period of time. Also many patients feel sensitive about attending the Out-Patient Department of a hospital, which is supposed to be for needy poor only, and savors of charity.

State control would take it out of the hands of quacks, which is an argument in its favour. Will these measures tend to lessen immorality? True, the danger of contracting disease may be lessened, but is that our only object in this campaign? Now that we are getting the vote, we will have another weapon with which we can hope to accomplish a good deal if we only so desire. What we need is a new ideal of the worth and dignity of human life which must be founded upon the single standard of sex morality.

A hedge between keeps friendship green.

He that will be his own master will have a fool as scholar.

Uniformity in Training Schools

VICTORIA L. WINSLOW, R. N.

At this time much is being said and written relative to standardization of hospitals and uniformity in training schools, and efforts are constantly being made to bring the indifferent training schools up to a required standard. The provinces that have secured registration will, in time, be able to accomplish much, but, in the meantime, every superintendent who has a number of graduate nurses on her staff fully realizes the immeasurable variations that are found in the methods used in doing the most common, ordinary things of nursing—from the technique of preparation for a major operation to that of the simplest treatment. There is no reason why our routine of procedure should not be the same in every hospital; it would save endless confusion and discomfort for both hospitals and nurses, if, when a graduate nurse assumed staff duties in another hospital, she knew that the same methods were used as those of the hospital from which she graduated. I have often wondered if a plan which has suggested itself to my mind would help towards overcoming these difficulties, that, in each province short sessions of, say from a few days to a week's duration, held preferably in the larger centres and open to all registered nurses, where demonstrations of practical work could be made and followed by discussion on the merits or demerits of the particular method, and eventually, perhaps, all the training schools could adopt the method that scored highest. I cannot help feeling that a series of these short sessions, say even as often as three or four times a year, would be most helpful not only towards establishing a uniformity in training schools, but also for nurses on private duty. We all know how "rusty" the nurse away from hospital life is apt to become, and many nurses would be very glad to avail themselves of the opportunity to "brush up," who, perhaps, could not go away for a post-graduate course. Then, too, the institutional nurses might easily profit from the training and experience of the private nurses. In all provinces there are representatives of the best hospitals in Canada and the British Isles, as well as many from the United States. At present our training schools are small worlds in themselves; the superintendents and staff nurses have too little opportunity for interchange of ideas on management, teaching, practical demonstrations, etc., with the result that a new graduate nurse, coming to another hospital, is often a decided experiment, and the experience of having to adapt "Nursey" to entirely new methods is far from pleasant to the nurse.

These suggestions met with considerable enthusiasm at a recent Convention of the Alberta Graduate Nurses, but so far we have not been able to arrange anything definite. However, we hope to do so later.

Our Conventions are most beneficial and interesting, but, from neces-

sity, have to deal so largely with matters of business, legislation, etc., that the practical side has no place.

In the matter of uniforms, we are as heterogenous as in our training. The touch of individuality given to each training school in the adoption by each of a particular uniform, is, perhaps, to be commended, always providing that, under no circumstances may a training school uniform be taken away by a discharged nurse or one who, for any reason, has not completed her training; but a "uniform" uniform, officially recognized and protected so that it could be worn or obtained only by *bona fide* registered nurses, would do much towards placing the unqualified in the place to which they belong, especially if an active campaign was organized to advertise (yes, advertise) and to instruct the public in its significance. In doing this it would be well to draw attention to the fact that our efforts are directed more towards protecting the interest of the patient than that of our own.

CONQUISTADORES

Death, in our Day, by putting off his cloak
Of lonely terror, wherewith he went decked,
Has lost his old inscrutable aspect,
And treads familiar among fearless folk
Who greet him with a smile. His thunder-stroke
Is met by flashing eyes and limbs erect:
They only groan who suffer Time's neglect,
And bow, less willing, to Life's wearier yoke.

These proud adventurers beyond the bourne
Go, glad like swimmers breasting a strong sea,
Into the sun's light and winds blowing free.
The cliffs of home rise up to meet the morn;
True dreams come to them from the "Gates of Horn,"
And they have sight of larger Life than we.

—*From "A Sonnet-Sequence." by Griffith Fairfax.*

Digestibility of Whole Grain Bread—A Dutch medical journal asserts that normal persons digest bran as well as a pig does, and, when ground fine, even more completely than cattle digest it. Flour made from whole grain is digestible, and, under the present circumstances, bran should not be taken from people and fed to cattle. By feeding grain to animals only about 20 per cent. of the value is restored again in the form of food.

Dusts and Their Relation to Disease

By J. T. SCHOALES, Department of Public Health, Toronto.

(Read to the Sanitary Inspectors at their monthly meeting, March 25th, 1918.)

The question of dust and its effect on the human system has been the subject of investigation by noted chemists and scientific men of all centres of civilization during the past century. I do not intend, for I do not feel capable of dealing with the question in all its phases, or as one versed in science; it would be hazardous for me to attempt to do so, but I desire, briefly, to give an outline of conditions, and endeavour to show, if possible, to what extent dusts are harmful, and the relation they bear to disease.

It has long been known that the inhalation of dust-laden air, and, in fact, all dust-inhaling occupations pre-dispose to disease. Catarrhs of the respiratory organs are usually the first and immediate result of inhaling air laden with dust, and these may lead to other diseases.

There are various kinds of dust, atmospheric dust, dust evolved from the different industries and manufacturies, animal dust, vegetable dust, domestic and street dusts.

First, let us briefly consider the atmosphere which has been compared to a great ocean at the bottom of which we live. The comparison, however, gives no idea of the magnitude of this great ocean, without definite bounds, and varying incessantly in density, and other important qualities from depth to heighth, and from place to place. The great chemist, J. B. Dumas, once stated that "all living beings are nothing but condensed air." Plants exist mainly by the existence of air, and animals and man cannot exist without plants. The connection is direct and intimate, and man, therefore, is only condensed air.

The atmosphere consists, in the main, of two gases, oxygen and nitrogen, intimately mixed in the proportion of 20.9 oxygen and 79.1 nitrogen. While these gases are each of them chemical elements, they are not chemically combined, but mixed, that is, each preserves its quality, modified only by solution in the other. Gases have the property of diffusing among each other so completely that no portion, however small, that could be conveniently taken would fail to represent the two gases in a proportion corresponding with that which they maintain in the atmosphere. Another valuable constituent of the atmosphere, though varying greatly in amount at different times and places, is of no less importance to mankind than the two elementary gases which make up by far the greater part of the volume as a whole. This is vapor of water, the result of the process of evaporation of the vast watery surfaces which are always in contact with the lower strata of air. Deprive the air of any

one of these three constituents, and human life becomes impossible. Next in rank, from the human point of view, is carbon dioxide, small in amount and traces of other gases in smaller quantities.

In addition to these, solids pervade the whole atmosphere in the shape of minute microscopic motes of dust; that is, the lower strata, at least, sands, dust from mountains, from the soil of all countries of the world, volcanoes, etc. The seas also contribute their share. Explorers in high latitudes relate that, on fine, cold days, the air is frequently sprinkled with shining crystals of ice, which seem to fall from a blue sky, and, on the other hand, in heavy gales and stormy weather the lower air is filled with an icy dust, probably torn from sea waves. In temperate climates very much of the rain which falls on the surface of the earth has existed previously at high levels in the state of snow or ice particles. Other solid particles, always present in the lower air, are various kinds of microbes, fungi, molds and spores, of importance to human, animal and plant life.

Vapour of the air condenses upon minute solid particles of dust, and thus clouds are formed. The dust of the air presents an enormous surface, and the tendency to gather a film of vapor of water from its surface becomes important and effective. If there was no dust in the air there would be no rain, mists, or snow. Without this dust the world would hardly be tolerable or habitable by the human race. Vapor would condense, not in the sky and in the form of clouds, but on the earth, trees, mountains, houses, clothes, so that the sun's rays would strike down upon us, oppressed with an air, cloudless and saturated, and all objects would be streaming with moisture. Clouds and rain are at the same time filterers and purifiers. In the words of the ancients, "The clouds drop fatness and the water returns not void."

We can readily understand, therefore, that the dust of the atmosphere so fraught with danger is indispensible to life on the earth. Just so are the gases, any one of which is poisonous; but, proportionately mixed as they are in the atmosphere, are also indispensible to life.

The air, to some extent, is vitiated by dusts which develop in the various industries and manufacturies. They may seriously impair health and, directly or indirectly, endanger or shorten life, especially those who come in contact with them.

There are many injurious varieties of dusts in the different industries, and may be divided into five classes, such as metallic, mineral, animal, vegetable and mixed. The question of dust generation is of great importance because of the number of diseases caused by its inhalation, as statistics show.

While catarrhs of the respiratory organs are usually the first result of inhaling dust-laden air, these organs do not afford the only means by which the various kinds of dust may exert their injurious effects. Dust particles (which are bearers of micro-organisms) may gain access to the system through injuries to the skin and cause general disease. This

has been demonstrated by the late Sir Joseph Lisle, in "Antiseptic Treatment of Disease."

According to Olendorff, of the total males over twenty years of age in the eight communities of Solingen, Lemcep and Maltinan, 46 per cent. died of pulmonary consumption; among the ironworkers, 59.1 per cent., and among the grinders, 78.3 per cent.

According to Hirt, out of 100 diseased workmen suffering from phthisis, 28 were exposed to metallic dust, 25.2 to mineral dust, 13.3 to vegetable dust, 22.6 to mixed dust, and 11.1 to no dust.

Perlen reported that, of 1,425 consumptives treated at the Munich Polyclinic, 30 per cent. had been exposed to metallic dust, 18 per cent. to mineral dust, 26 per cent. to vegetable dust, and 8 per cent. to animal dust. This shows that those exposed to the strongly-irritating dusts contributed the largest percentage of consumption. Of flint stone workers 80 per cent., and of millstone workers 40 per cent. were attacked by tuberculosis, while of millers only 10 per cent. suffered from it.

Stone-cutting is regarded as a dangerous occupation, and consumption is common among men engaged in that industry. A collective investigation published in 1901, and cited by Roth, shows that, of every 100 deaths among stone-cutters, polishers, and quarrymen, 86 were due to diseases of the lungs, inclusive of 55 deaths from consumption. Of 2,013 stone-cutters examined by Somerfield, 19.7 per cent. were afflicted with consumption, 17.98 per cent. with other diseases of the lungs, and nearly all had a chronic catarrh of the throat or larynx.

Statistics after statistics might be quoted, showing the high death rate from consumption, as well as other diseases, amongst those engaged in dust-inhaling occupations. For the development of pulmonary tuberculosis it is considered that metallic and mineral dusts are the most dangerous, while that from coal and flour are the least so, but even these cannot be regarded with indifference.

Carpenters, joiners and cabinet-makers are exposed to wood-dust, and the dust from hardwood is more injurious than that from softwood (D. E. J. Nuser).

It should be stated, however, that dust alone, as such, may not be the cause of tuberculosis, but it is quite evident that the inhalation of dust of all kinds, especially the hard, sharp, angular forms of metallic and mineral dusts, prepares the ground, so to speak, and facilitates the entrance to the lungs of that "bearer of infection," the tubercle bacillus. To this, also, must be added the indiscriminate habit of spitting on floors of rooms, workshops and public places by careless, indifferent persons already afflicted with disease, and thus assisting in no small degree in communicating it to the others through dust.

Knowledge of the evils attendant on dusts and all other unsanitary conditions has been imparted to us by scientific work in the laboratory, both past and present. To science is due the advance in civilization of the nations of the present day, and for improvements which, in many

cases, have been made along the lines I have just indicated, but much more remains to be done. We can look with pride, as citizens of Toronto, at the work accomplished by scientific work in our own laboratory in connection with this department. I need only mention a more clean and wholesome milk supply, which has effected a saving to the citizens not only in dollars and cents, but, I can safely say, human life as well.

There are other dusts which ought and can be controlled to a great extent—I refer to domestic and street dusts. Let us consider briefly the evils attendant on these.

The late Professor Tyndall, about the year 1868, first demonstrated to the world the relation that dust bears to disease. He has shown that domestic dust is largely organic, that is, the product, living or dead, of animal or plant life, living germs, or dead spores, or animal or vegetable matter. Now, we know this dust exists and is plentiful in our dwellings, and, as far as we know, exists everywhere.

Anyone may notice when a beam of sunlight is shining through a crevice in a darkened room, or on a dark background, millions of motes dancing in the sunbeam. That is organic matter devised by Tyndall, and, under a powerful microscope, we find it particles of soot, fibres, vegetable cells, spores, starch, pollen. The remains of insect life and living germs, bacteria, etc.

Angus Smith calculated that the amount of organic matter, living or dead, on high ground, is 1 grain in 209,000 cubic feet; in a bed-room, 1 grain in 64,000 cubic feet; in a closed carriage, 1 grain in 8,000 cubic feet.

Tichborne, of Dublin, found 45.2 of organic matter in the street, and most of it finely-ground manure.

Professor Aitken found 41,000 particles of dust in the cubic inch in a room with the gas burning.

We know that living germs abound in the air, microbes, bacteria, fungi, molds. When organic substances decompose in the air, they are first attacked by molds, then bacteria. If we take a piece of meat that has turned putrid and examine under a microscope, it will be found swarming with bacteria.

Miguel's experiments proved that microbes are more abundant in populous places than in the country. In rooms the number is eight times that in the open air. In 1 grain of the dust of his laboratory he found 750,000 germs, and in that of a room, 2,100,000. In 1 grain of dried earth he found 800,000 to 1,000,000 microbes. I am quoting from experiments made in Paris. Recent researches show the number is especially great on the surface near houses, and the space behind is much worse than in front.

The number of microbes on the streets of Paris, according to Miguel, is 21-22 in the cubic foot, and this agrees with Carnelly in the streets of

Dundee, 20 in the cubic foot. In one-roomed, dirty houses, Carnelly found 3,340 in the cubic foot.

Dr. Fischer found that 120 miles out at sea the air is practically free from micro-organic life, and this is one explanation why a sea voyage is beneficial.

These men have examined dusts of every description, and of all possible places where disease germs might lie. They have determined the amount of germs in the air, on the streets and in houses, and have shown that microbes and bacteria are the minute inhabitants of dust.

Notice, if you will, the number of colds, sore throats, influenza, in dry, dusty weather following rain, and, when we consider and study the question, we must come to the conclusion that dust is responsible, to some extent, at least, for many of these ailments.

We cannot be surprised that the air, being washed by rain, accumullating in mud on the streets and thoroughfares, should be the gathering-ground for microbes. Mud and dirt provides food for their growth.

The surface of streets, lanes, courts and thoroughfares, the sweepings of stables, shops and public places, contain swarms of germs and bacilli of disease. These infest the droppings of animals, all filthy spots, and, together with the pernicious habit of spitting along the streets and thoroughfares by diseased persons, it is easy to understand how these bacteria may be carried into the air by dust, into dwellings and shops, and upon foodstuffs.

Recognizing the danger of these infected dusts, Dr. Hastings, about two years ago, framed a by-law and succeeded in having it passed through Council, controlling dry sweeping, and enforcing the covering of all food and fruit exposed for sale, in order to protect them from the evil influences of dust and flies.

At first this met with strenuous opposition from a certain class of citizen, and some most scurrilous opinions were expressed verbally and in writing by those ignorant and devoid of commonplace decency and sanitary methods. With such a class, when selfish interests are concerned, sanitary methods of doing business is cast aside. We were told that Dr. Hastings and the Department of Health had better look to the larger questions and leave the small things alone. As a matter of fact, if we wish successfully to cope with large questions, we must first begin with the small. If you want to cut down the rate of consumption, you must first kill the germ that is the cause of it. A microbe or bacteria is about the smallest of living organisms—about 1/50,000 of an inch. If that is killed, the disease resulting from it is controlled.

Sunlight is the best germicide that Nature has provided for us. Most bacteria are destroyed in a few hours when exposed to fresh air and sunshine.

In speaking of dusts, the late Professor Tyndall said:

"Consider the woes which these wafted particles, during historic

and prehistoric ages, have inflicted upon mankind. Consider the loss of life in hospitals from putrefying wounds. Consider the loss in places where there are plenty of hospitals and no wounds, and in the ages before hospitals were founded. Consider the slaughter that has hitherto followed that of the battlefield when these bacterial destroyers are let loose, often producing a mortality far greater than that of the battle itself. Add to this the other conception that in times of epidemic disease the self-same floating matter has mingled with the special germs which produce the epidemic, being thus enabled to sow pestilence and death over nations and continents. Consider all this and you will come to the conclusion that all the havoc of war, ten times multiplied, would be evanescent if compared to the ravages due to atmospheric dust."

Without under-rating the evil influence of unsanitary dwellings and the common house fly, we must come to the conclusion, from the investigations and researches of such men as Tyndall, Pasterer, and other noted scientists and chemists, that there is a distinct relation between dusts and disease, and they should be controlled by all possible means.

For this reason, streets, lanes, thoroughfares and courts in all public places in cities and towns should be paved with hard, impervious material, and flushed regularly. Wood pavements are unsanitary; contaminated by animals, they evolve dust, which has been shown to consist of finely-ground manure, become offensive and provide food for the growth of microbes.

In dwellings, hardwood or polished floors, rooms free from all fluffy fabrics, painted, glazed paper or wood-pannelled walls evolve less dust and provide less growth for noxious microbes. There should be no dry-sweeping, and dusting ought not to be done with brushes or feather dusters as they do not remove dust but scatter it through the air, allowing it to settle again. Cloths are much better (if slightly dampened) and will remove dust without scattering it.

We do not know to what extent the microbes on dust are mischievous, but we do know to what extent fresh air is necessary to health. Let us admit fresh air and sunshine and keep our dwellings, as far as possible, free from dust .

Don't Grumble to Waitress

Don't grumble when you are told in the restaurant that you can't have this, that, or the other thing, because it's against the new regulations. Get used to them and be glad you're having things so easy.

National Kitchens in England

England is to have national kitchens. Public baths and park buildings will be turned into kitchens and town halls into dining halls; street cars and omnibuses will carry the finished product to thousands of small stations. Varied meals will be provided for everybody at the lowest possible price, and there will be special invalid kitchens.

As Sister on an Hospital Ship

Preparation and Realization

Those who may, at any time, receive orders to join one of our floating hospitals may be glad to know a few details of the life as applicable to long-distance journeys. The Channel trips are naturally entirely different, for, as a rule, the patients are on the ship for a few hours only.

To some Sisters the lack of certainty as to the when and wherefore of comings and goings possesses considerable charm, but it means that they must lay in a goodly store of necessities. In the East shopping is expensive, and some articles are very difficult to procure. Mufti is forbidden abroad, so Sisters should resolutely put aside any temptation to provide themselves with any attire except uniform. Ordinary garments take up valuable space, not to mention the extreme vexation of finding some cherished dress or coat eaten by the rats and cockroaches, which are no respecters of cabins.

A plentiful stock of easily-washed underclothing is essential. It is important to have different weights of this to guard against climatic extremes. A goodly pile of footwear is an economy in the end. White or grey shoes and stockings are allowable in the East, and are the greatest comfort in the extreme heat. A plentiful supply of every kind of mending is a great asset. Good ink, a fountain pen, and a liberal allowance of writing-paper should be provided. Trifles like one's favorite soap and tooth powder should not be forgotten, and it is wise to triplicate any essential articles, such as toothbrushes and combs. A portable clock adds to one's comfort if it is small and has a seconds hand, as it can be used in the ward should one's watch suddenly fail. The wise Sister will also put aside a stock of garments and essentials in case of sudden illness.

The Dangers of Night Chills

Body belts are a decided necessity in the East. It is difficult to realize the dangers which lie in the night chills, or how easy it is thus to contract even serious illness. It is a great temptation to lie on one's bed very lightly clad, and try to get some coolness out of the stifling heat by allowing the electric fan to blow on one all night long. If one has a body belt and is covered by a light blanket in addition to the sheet, so that one is sufficiently protected, this luxury may be enjoyed almost with impunity.

Being one's own washerwoman is one of the minor trials of ship-life. The length of time spent in any one port is usually too uncertain to allow of laundry going on shore. A large supply of Lux should be laid in, and washing blue must be remembered. Fortunately, clothes dry very quickly in the intense heat, and, if one invests in an electric iron, doing one's own washing is robbed of half its worries. The ship's carpenter will often be good enough to make an ironing-board for general

use, and where heavy print dresses and large aprons have to be wrestled with, such a board is a great help. Print shoulder capes, faced with washable red, stand hard wear and washing much better than the usual alpaca ones.

If the Sister can afford the outlay, some thermometers, medicine measures, a really good hypodermic syringe, and several pairs of scissors are an immense boon in the many rushes of wounded on board ship. Orderlies somehow are seldom provided with scissors, and are constantly asking for the loan of them. A quart-size enamel measure is a great help when dealing out the same medicine to dozens of patients. It saves the constant lifting of the heavy stock bottle.

Many of the ships provide separate cabins for the nursing staff. It is a great boon to have one place of refuge, however tiny. When wearied in brain and body, nothing can be more nerve-racking than the ceaseless chattering of a tactless cabin-fellow.

The voyage out is usually a busy time, as the working of the wards has to be organized, and dressings must be cut by the thousand, especially if wounded are expected shortly.

Inexperienced Orderlies

Not the least of the many worries faced by hospital-ship Sisters is the adequate supervision of inexperienced orderlies, who work heartily but unskilfully. Daily classes are held for them, and very pratcical instruction is given by the Sisters. One has to deal with such raw and often unintelligent material that it is wise to teach them with more than ordinary minuteness. It is wise to make one orderly undress and actually blanket bath another orderly. Poultices should be made and applied until the art is thoroughly grasped. Fomentations, also, should be taught in a very practical manner. There is a great art in teaching orderlies. It is necessay to bring one's mind down to their level. It is sometimes difficult to make them realize that asepsis and antisepsis, and such-like, are of real importance and not merely a fad of doctors and sisters. The more patience one shows the better the results obtained. Simple rules, with homely illustrations, answer best. Tactful encouragement works wonders.

The afternoons are usually spent in making the various necessary bandages and many other ward necessities. All needlework which can be done on deck is taken there, as one can benefit by the good air at the same time. Until one gets accustomed to it, sea air exercises a decidedly soporific effect, so the long nights in bed which can be indulged in when without patients are much appreciated. Sea air sharpens one's appetite, and full justice is done, as a rule, to the excellent fare provided on the ships.

Heat and Hard Work

When the patients are embarked the Sisters must be prepared to work very hard, and for long hours at a stretch. Much of the work is of the emergency type, and the intense Eastern heat, especially during

the summer months, exhausts one's energies very quickly. The vibration of the ship is often extremely trying, and the floors seem to cause one's feet to ache. Even the best-equipped ships naturally cannot give the same easy facilities for organizing and carrying on nursing duties as shore hospitals, so the Sisters must use their ingenuity in making things "do."

Sea-sickness is quite the biggest bugbear a Sister can face. If she knows she is a bad sailor she should frankly say so when asked to join a ship, so that her orders may be cancelled. It is no use hoping that one may be all right. Quite apart from the physical discomfort suffered, it is grossly unfair to our sick and wounded for a Sister to have to leave them at, perhaps, critical times on account of sea-sickness when another, who is really a good sailor, can stick to her post.

The nursing on ships, however, tries the endurance of the best sailors. Those who are immune from sickness while up on deck or lying comfortably in an airy cabin may very soon succumb if working at high pressure in stuffy, airless wards with the portholes closed on account of heavy seas. The atmosphere is made worse by the heat natural to Eastern waters, combined with that from the engines. Fortunately, for the health of the nursing staffs, the patients do not remain with them for much longer than a fortnight, and sometimes less than that. If the period of time should be prolonged, the trying conditions and long hours would tell on the efficiency of the strongest.

Recuperation

After patients have been disembarked the Sisters have a welcome period for recuperation, for, although the wards have to be prepared for a fresh load, and many other preparations must be bgun, the long nights in bed and restful evenings refreshen alike jaded nerves and tired bodies.

Hospital-ship life has a great charm, as one gets frequent changes of work as well as of scene; but, in many ways, it is a trying life. One of the disadvantages is the confinement to one small area for so many weeks at a stretch. Unless deck quoits and other competitions are arranged to vary the monotony, the Sisters are inclined to become very bored with each other, except when working on a very large ship, as, naturally, there are no outside interests to occupy one's thoughts.

Before actually joining a ship a Sister may feel apprehensive of the possibilities of encountering mines and submarines, but, once on board, it is curious how one never thinks of possible dangers. If they sometimes do cross one's mind, it is usually in conjunction with the fervent hope that, if a catastrophe should occur, the Sisters will not fail to act according to their past high traditions in this and former wars.—*The Nursing Nurse.*

When two friends part they should lock up each other's secrets and exchange keys.—Anon.

Practical Hints for the Graduate Nurse

The nurse who has had her training in a well-equipped and up-to-date institution is sometimes a little bit handicapped when she has to improvise, or do without, some conveniences, and the following tried-out miscellaneous suggestions may prove useful:

If the only hot-water bag in the house should spring a leak, an ordinary fruit jar, filled with hot water, makes a good foot warmer. See that the rubber is in place, and the lid tightly screwed on, or the last stage of the patient's bed will be worse than the first. An ordinary wine bottle, with a good cork, may also be used. In giving hot packs these help out wonderfully, and can be laid all around the patient between the blankets. A temporary washer for a hot-water bag can be cut from an old leather glove, or several thicknesses of an ordinary kid glove. It must fit very tightly to be satisfactory.

A comfortable and clean way to give a baby a colonic flushing, where there is no Kelly pad handy, is to use a douche pan. Spread a rubber sheet or newspaper on the bed or table, covering the closed end of the pan with a small rubber-covered pillow, a cotton pad, or a lightly filled hot-water bag. At the head of this place a pillow. Undress the baby and lay upon the pan with its shoulders slightly elevated. Then give the flushing in the ordinary way.

If a "Hygeia" nursing bottle—the only one in the house—should break, use an ordinary half-pint cream or milk bottle until it can be replaced. The Hygeia nipples fit them, and a medicine glass can be boiled up to measrue the milk formula.

A breast-fed baby who refuses to nurse readily may often be coaxed to do so if a few drops of sterile water be dropped on the nipple and allowed to run into the baby's mouth when it is put to breast.

A warm bath will soothe and refresh a restless baby better than anything.

A patient who is ordered several eggs per diem often becomes very tired of them. Eggs can be partially disguised if put into lemon or orangeades. Beat the egg first, add water and sugar, stir well, and add a little ice. An egg beaten into a cup of broth is very nourishing, but thickens the broth sometimes, making it distasteful to some patients. Drinking straws from the soda fountain are better than glass drinking tubes for infectious cases, as they can be burned after use.

For an appetizing dish of cooked eggs, put two ounces of grated cheese with half a teacupful of milk or cream into a double boiler. Allow it to cook until the cheese is dissolved, stirring occasionally. Season with pepper and salt, and a little cayenne. To this mixture add one well-beaten egg, and, if milk is used, a little butter. Stir until it thickens. Cut a piece of toast into dice-shaped pieces, pour the mixture over it, and

serve very hot. It is a good plan to cut toast this way when serving under cream gravies, etc., as it is so much easier to eat.

To make good cocoa, heat the milk in a double boiler. Mix the cocoa and sugar to a paste with water, add one-half cup of water, and cook for five minutes in a separate kettle. Flavor with vanilla extract and stir into the hot milk. Serve with whipped cream.

To vary the ordinary baked potato, split a baked potato, remove the contents, keeping the skin in halves. Add butter, pepper and salt and a little cream. Mash, and beat well. Fill up the potato skin, heat in the oven, and serve.

Any badly-burned kettle can be easily cleaned by boiling out with water to which two teaspoonsful of lye has been added.

A paper bag fastened to the bed of a new operative patient for holding soiled gauze during the vomiting period will save many steps for the nurse and help keep the bed-side table tidy.

Persistent nausea and vomiting may sometimes be overcome if the patient inhales the fumes from hot vinegar. Pour the heated vinegar into a cup or small pitcher, covering with paper in which a small hole has been cut. Make a paper funnel and insert this into the hole in the covering, and let the patient inhale the steam through this. A mustard plaster over the epigastric region often gives relief.

When taking a specimen of urine in the home for the physician, use a three-ounce bottle, properly labelled. A funnel can be easily made from a four-inch square of stiff paper, by overlapping the diagonal corners and fastening in place with adhesive.

If the tube used for draining a gall-bladder or superpubic case is fastened into the neck of the draining bottle with adhesive, it will stay there, even if the patient is restless or turns a great deal.

Iodine used as a counter-irritant will not blister the surface treated if mixed with 95 per cent. alcohol, using equal parts iodine and alcohol.

An electric light globe attached to a drop light and placed in the drop method saline can will keep the solution hot. In a home where there is no electric light, a milk bottle filled with hot water will answer the same purpose, but, of course, has to be changed often. Wrap the can in a bath towel to keep the heat in.

To apply abdominal turpentine stupes, mix 1 dm. spirits of turpentine with 1 oz. olive oil, and apply this to the abdomen with a cotton sponge. Wring the flannels out of hot water, lay two or three thicknesses over the abdomen. Cover with a dry flannel, or a piece of rubber sheeting, and fasten all in place with an abdominal binder. If the patient can turn from side to side, one hot-water bag will be sufficient to keep the stupes hot two or three hours, but for a patient lying on his back all the time, two should be used, laying one each side of the abdomen with its weight on the bed.

It may seem superfluous to remark that the best way to divide a hypodermic tablet is to dissolve the tablet first. Thus: Heroin grs. 1-24 is ordered, and only ⅛ is on hand. Dissolve ⅛ in thirty minims of sterile water, and give ten minims of the solution.

Record day happenings in black ink, and night records in red, making each from 12 to 12, or 7 to 7, as most convenient. An ordinary wooden clothes-pin will keep chart sheets together if there is nothing more convenient at hand.

Glass slides, used for making sputum tests, are easily cleaned by boiling in water to which ammonia and soap has been added. This removes the staining as well as the specimen. After boiling twenty minutes, the slides are removed from the basin with forceps and boiled up again in a second solution of ammonia, soap and water.

Small blood-stains are easily removed with peroxide of hydrogen.

Screens may be made in a home by hanging sheets on a string or wire stretched across the room.—*The Trained Nurse.*

EVERY NURSE HER OWN BAGGAGEMAN

While in the same letter this nurse tells of how the camp was moved and ten of the nurses despatched to a special British hospital.

"At 1 p.m. ten of us left with 37 pieces of luggage. You probably know that you cannot check luggage in this country as you do at home and be sure it will be safe, so it fell to my lot to look after the 37 pieces of luggage, a bicycle and a bed, which someone couldn't get in her dunnage bag. Well, at every station I got out to see that none of those 37 pieces were put off. We finally landed at our one and only change—and here I was. Well, really, I never met anything so dumb as Frenchmen as porters, and of course you know the train wasn't expected to wait an eternity for us to change our luggage, so, after exhausting all the French I knew, and talking with my hands, feet and nearly all my anatomy, I climbed up into the baggage car myself and got the things together. The bed I spoke of was a great source of amusement. A Belgian or French, I don't know which, came along and tried to march off with the bed. I briskly chased after him and rescued the bed, much to his disgust. He talked to me and at me, but I didn't have time to pay any attention to him. Well, I finally landed all the baggage. At 8 p.m. we got to our destination, whence, until the last few days, we worked 16 hours a day.

"Oh, I forgot to tell you about the bed I so religiously guarded—it didn't belong to us at all!"—*Toronto Telegram.*

"Whosoever makes two ears of corn, or two blades of grass to grow where only one grew before, deserves better of mankind, and does more essential service to his country than the whole race of politicians put together."—*Swift.*

Women's Auxiliary Army Corps

Popularly known as "The Waacs"

Whenever a great organization springs into existence there is created, of necessity, a wide-spread interest in that event. But the real interest centres in the antecedents of that organization. What phases of public opinion and endeavour, what principles governing the intercourse of human beings have crystallized themselves, finally into this tangible form? These questions naturally arose when the Women's Auxiliary Army Corps (familiarly called the "Waacs") came into being.

It was January, 1917, when Lord Derby, at the Women's Service Demonstration in Albert Hall, asked for women to do clerical work in the army. In February the official appeal was issued and volunteers answered on every hand. Within less than a year these recruits are coming in at the rate of 10,000 a month. This immense body has been made "part and parcel" of the British Army, working under its rules and regulations, and serving wherever duty calls without regard to danger.

Nothing so efficient could have sprung into existence suddenly. The service asked by the Government was that of support and substitution—replacing man-power. All this required strenuous training, which was acquired in numberless voluntary organizations formed by women at the very beginning of the war. Most of these, either in whole or in part, have been merged into the "Waacs." Among them is the Women's Reserve Ambulance, which was so highly trained that, at the time of the first zeppelin raid, these women were the first to reach the injured and give aid. Indeed, there was no work left for the regulars when they arrived.

There was also the Women Signallers' Territorial Corps, whose Commander-in-Chief was Mrs. E. J. Parker, sister of Lord Kitchener. These women voluntarily trained themselves in every kind of signalling, semaphore-flags, mechanical arms, Morse, with flags, airline, cable, telegraphy, buzzer, wireless, whistle, lamp and heliograph. Map reading was also mastered. Through this corps "wireless" for women in England was introduced, and one of its members holds an important post as teacher of wireless in a wireless telegraph college.

The Women's Legion was another antecedent of the Waacs. Its members voluntarily organized to furnish cooks and waitresses for camps and secured 1,200 in one year. They also took over the cooking and serving in the first convalescent camp that employed women in those capacities. The Women's Volunteer Reserve and the Women's Auxiliary are two other forerunners of the "Waacs."

Small wonder it is that, within less than a year after the formation of this branch of the army service, there are women signallers in France doing such good work that the Officer Commanding Signals is asking for

thousands more. That the "Waacs" are an officially recognized arm of the Army Service fills every woman's heart with joy and pride. It is inspiring to contemplate the broad vision which leaped ahead far enough to see the need of service years before the Government could use that training. Patriots and heroines they are indeed, these workers.

Wherever the British Army is needed, there the "Waacs" are found. Efficiency follows wherever they lead, whether it be in England or just back of the firing line in France. Their work divides itself into five great classes. A large number serve as cooks and waitresses, and, when one realizes that as many as sixty cooks are necessary in some camps, one also realizes the service performed in releasing men, to say nothing of the greater economy in the use of foodstuffs.

Clerical work is another branch of service, but, in a way, the most interesting is the Signallers' work. They alone of all the "Waacs" wear Army badges. The "Hush Waacs" number about a dozen and are connected with the Censor's office. They are fine linguists and can decode any messages, whether signalled or written. Another interesting work is that done by the drivers of motors and transports.

The work known as "Salvage" employs hundreds of workers, who redeem every kind of battle-field debris, converting it into something usable. Army boots, for example, are repaired to the number of 30,000 a week. One kind goes to the men in the trenches, another to men on lines of communication, and a third to prisoners and coloured laborers. When uppers are of no further use they are cut up into laces. Helmets, leather and cloth equipments, rifles, horseshoes, spurs—everything is used by these capable women who work just back of the firing line. The postal service also employs large numbers to look after letters and parcels.

One kind of work handed over to the women will be appreciated wherever the call to the colors has been heard, and that is the care of the graves of those who have fallen. Many of these are in lonely spots by the roadside, or in fields. All are to be plainly marked and planted with flowers. No work is more faithfully performed than this.

The bodily comfort of the "Waacs" is well looked after, and they find in the Y.W.C.A. the same friend that the men have found in the Y.M.C.A. The pay of the "Waac" is that of the ordinary soldier (about twenty-five cents a day), and if she renews her contract at the end of the year she received a bonus of five pounds. She is allowed a fortnight's leave each year. All the officers are women, but, although their appointments are gazetted in the usual way, none of them holds a commission nor carries a Military title.

Veal Tea

Cut two pounds of veal into small pieces, pour over them a quart of cold water. After it begins to boil, let it simmer for two hours, or until reduced one-half. Add salt and season with a very little red pepper, nutmeg, or mace.

Editorial

At the time of going to press the Convention is about going into session. In our next issue a full report will be given of the work done. It is regretted that, owing to the extra work and war conditions, many who had wished to go are prevented. It is only by the getting together of nurses from East and West that a uniform plan of work can be evolved. A healthy and helpful criticism is needed along many lines, and our first impulse to close our eyes to evils that can be mended is not the best way to improve them, though often the easiest way.

* * * *

Canada has suffered lately in her nursing service overseas by the last outrage of the Germans in bombing, at low range, of a hospital close to the lines. Nursing Sister Katherine M. MacDonald, of Brantford, was instantly killed; Sister G. M. Wake died of wounds, and Nursing Sister M. Lowe, Binscarth, Man.; Sister M. Hirsh, Tisdale, Sask.; Sister Wishart, graduate of Port Arthur, Ont., and Sister MacKinnon, graduate of St. Boniface Hospital, Man., were wounded. As might be expected, all the Sisters showed their heroism and refused to take shelter, even when urged by the patients themselves. This is the true spirit of nursing and makes us truly proud of our nurses.

"THE ANXIOUS DEAD"

O guns, fall silent till the dead men hear
Above their heads the legions passing on;
(They fought their fight in time of bitter fear
And died not knowing how the day had gone).

O flashing muzzles, pause and let them see
The coming dawn that streaks the sky afar;
Then let your mighty chorus witness be
To them, and Cæsar, that we still make war.

Tell them, O guns, that we have heard their call,
That we have sworn, and will not turn aside;
That we will onward till we win or fall,
That we will keep the faith for which they died.

Bid them be patient, and, some day, anon,
They shall feel earth enwrapt in silence deep,
Shall greet in wonderment the quiet dawn,
And in content may turn them to their sleep.

—*John McCrea.*

Victorian Order of Nurses

Since the outbreak of war the Victorian Order has been more or less hampered with a scarcity of nurses, which is to be regretted, in all the districts in which those nurses are employed; but it is a positive calamity to the Prairie Provinces and in all out-lying districts where, owing to the same cause, they are in many cases without a doctor also. The nurse is not supposed to take a medical man's place, but "half a loaf is better than no bread," and, where there is no doctor, it is all the more necessary that a thoroughly-trained nurse, with much experience, should be in all the municipalities of the Prairie Provinces.

The loss of our nurses overseas cannot be looked upon, however, in the light of a calamity, for we look with pride to a Roll of Honor of fifty-odd names of nurses of our Order who are serving their country in the Military Hospitals overseas. To quote a Canadian soldier, speaking of the work of the Canadian Nursing Sisters, "These are as good soldiers as we are. They do not stay at home and wear fine clothes and be comfortable; they come out, like the rest of us, sleep in a rain-soaked tent, tend horribly-wounded men, wash lousy Tommies, and dodge bombs." So, on the whole, the Victorian Order is proud and happy to have these members of the Order doing their bit overseas, and we must find the way to fill their ranks at home.

The American nurses, too, have been called to service in their own country, and that helps to deplete our source of supply. In spite of all this the nursing situation is improving. The cry for help, however, is increasing and we have still further efforts to make to meet this. When two nurses can be found to leave Victoria, British Columbia, in mid-winter, to go up to open up a little nursing home at Athabasca, where the thermometer stands 72° below zero; and another has gone out at the same time to take up a large rural nursing district 30 miles north of Battleford, the spirit of the Canadian nurse still holds. This is just as true National Service and requires as much sacrifice on the part of our nurses as on our soldiers in the field.

* * * *

Miss Luxon, assistant to the District Superintendent at Toronto, has been appointed District Superintendent at Halifax.

One of the most terrible parts of the calamity to Halifax is the large number of eye cases. This presented a very serious problem. They were scattered everywhere. Eye clinics were established, but it is easier to establish an eye clinic than to get the patients to come. In many places there was the complication of someone to bring them, and, in the disorganized state that Halifax was in, that had to be done by someone with

an understanding of the work. An arrangement was made between the Victorian Order of Nurses and the American Red Cross whereby a special mission to the blind was organized, consisting of Miss Russell and five Victorian Order Nurses under the leadership of Miss Rand, loaned by the American Red Cross. Miss Rand is an expert Social Service worker in the service of the Commission for the Blind of the State of Massachusetts. This mission was under the supervision of Sir Frederick Fraser, of the School for the Blind, that great Canadian educationalist of which Canada knows altogether too little. These five hundred and fifty-odd cases were all listed, classified, visited and recorded, and are all being "followed up" by the V. O. nurses. They not only see that they get to clinics, are getting their glasses, or their glass eyes, as the case may be, but they are carrying, through the opportunities offered by Sir Frederick Fraser and his school for the Blind, the message of hope and promise of future usefulness to these sorely stricken people.

* * * *

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Torono, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

Food Aphorisms

The Bacon you Save may Save your Bacon.
The Garbage Pail is as deadly as the U-Boat.
High Prices are better than a Hun Peace.

The Effects of Tobacco

In the Quarterly Bulletin of the Department of Public Health of Nova Scotia, Dr. Fraser Harris states the following conclusions as to the effect of tobacco upon the body: (1) The substances in tobacco smoke that are injurious are probably oxidation products of nicotine and other alkaloids. (2) The smoking of tobacco is the more injurious the younger the person. (3) The chewing of tobacco is much more injurious than the smoking of it, and ought to be discouraged. (4) What is injurious in tobacco is absorbed more readily by inhaling, therefore this should be discouraged. (5) There is in, some cases, a marked idiosyncrasy toward tobacco in respect of the substances which raise the blood-pressure, cause irregularity of the heart, and give rise to a gastric acidity. (6) Those who have this idiosyncrasy ought not to use tobacco at all. (7) Those who do not have this idiosyncrasy may use tobacco in moderation with impunity.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
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News from The Medical World

By Elizabeth Robinson Scovil

Eye Strain

Dr. William H. Bates, a New York Oculist, believes that errors of refraction are not caused by an alteration in shape of the crystalline lens, but are due to an abnormal strain upon the muscles of the eye. When the eyes strain to see distant objects, the oblique muscles contract and, by elongating the eyeball, produce the myopic refraction (short sight). When they strain to see near things, the recti muscles contract and, by flattening the eyeball, produce the hypermetropic refraction (long sight). These errors, far from being permanent, last only as long as the strain continues. The problem of ours is to induce the eyes to take it easy, and look at things without effort.

To rest the eyes, the patient is told to look at something black and then cover the eyes in such a way as to exclude the light and avoid pressure on the eyeballs. If he remembers the black perfectly he will see black. Otherwise, he may see colors, but usually sees gray. When one does succeed in seeing black, and it comes after a few efforts, the effect is surprising. The vision is naturally improved, if only for a moment. It relieves headache, due to eye strain, and pain in the eyes.

For practice, choose a letter and try to see one part of it better than another, fixing the gaze on that. The object is to avoid too wide a range of vision. The smaller the letter the greater the relief to tired eyes. Dr.

Bates maintains that the organs of vision can be kept always in a normal condition and will never tire, however much used.

The Mentally Deficient

The Royal Commission on the Care and Control of the Feeble-minded recommended the clinical classification of the mentally defective into four types:

1. A feeble-minded person is one who is capable of earning a living under favorable circumstances, but is incapable from mental defect, existing from birth, or, from an early age, of competing on equal terms with his normal fellows; or of managing himself or his affairs with ordinary prudence.

2. The imbecile is one who, by reason of mental defect, existing from birth, or from an early age, is incapable of earning his own living, but is capable of guarding himself against common physical dangers.

3. An idiot is one so deeply defective in mind from birth, or an early age, that he is unable to guard himself from common physical dangers.

4. A moral imbecile is a person who, by reason of an innate defect, displays at an early age vicious or criminal propensities which are of an incorrigible or unusual nature, and are generally associated with some slight limitation of intellect.

Control of Contagious Disease

It is stated that the use of a gauge face mask, covering the mouth and nose, has proved an undoubted success in protecting physicians and nurses from contagion. Its use has now been extended to patients. It was tried in a measles ward in which six successive cases of scarlet fever had developed at intervals of several days. In general wards, exposed to scarlet fever, the masks are worn by all the patients for one week after the last exposure. Patients must never be unmasked when out of bed, except when alone in the wash-room. The following rules are observed:

1. A face mask must be worn continuously by all patients when out of cuticle.

2. In the latrine the mask may be removed only by permission and under the direct control of the ward nurse.

3. Wash-basins and bath-tubs are not to be used. For washing face and brushing teeth, use running water over sink. Shower may be used under supervision. Use only liquid soap from container.

4. Only one patient will be allowed in the wash-room at one time. Remove masks on entering and replace before leaving bath-room.

5. Masks may be removed when patients are in bed.

6. Sheets between beds are not to be drawn back.

7. No smoking allowed.

8. Orderlies, nurses and surgeons should wear masks and gowns when on duty in the wards. A guard should be on duty continually near the wash-room.

9. All eating utensils should be sterilized after each meal.

In the hospital referred to the beds were separated by sheets suspended between the beds. During five months not one nurse or physician contracted the disease of the patient under care. This immunity is considered to be due to the use of the gauze mask, changed as frequently as necessary, washed and sterilized.

Public Nurses for Rural Districts

A Bill has been introduced into the Legislature of New York State to provide public nurses for rural districts. One graduate nurse is allowed for every 15,000 population in each country, exclusive of cities. The salary is to be $1,200, and the Board of Supervisors is to supply the funds.

Veronal A Poison

The Pharmaceutical Society of Great Britain recommends that veronal and its derivations be classed as a poison. This action is due to a steady increase in the number of fatal poisonings from veronal. Hypnotics of this class are being widely taken in excess by the laity, without medical knowledge or supervision, with the most disastrous consequences to health and morals.

Induced Diagnostic Eruption in Measles

A writer in a Paris Medical Journal states that he had applied dry cupping to the chest or back for thirty, forty, or fifty seconds to determine whether the patient was in the incubation stage of measles. In 200 healthy persons the only result was a whitish ring where the cup had rested. In those incubating measles, three days before the eruption appeared, a reddish ring was seen, the skin looking as if it were stippled with red in the form of a circle. Forty-eight hours before the eruption the red circle was much wider and the color deeper. If applied twelve hours before the rash appeared, the circle was wide and the color almost purple. This test may prove useful in institutions to weed out cases of measles before the eruption develops.

Longevity

A writer in the *British Medical Journal,* who had reached his 95th year, attributes the satisfactory condition of his health and strength to the exercise of the muscular system, attention to hygenic conditions, the digestive functions, mental work and the tenor of the mind. He especially recommends walking as the most natural of all exercises, particularly when accompanied by deep breathing and exercise of the arms. Both his parents died in the sixtieth year of their age; so his long life is not attributable to heredity.

The Diet Kitchen

By Elizabeth Robinson Scovil

Milk, although the natural food of all young animals, does not agree with some adults, nor even with some children. Not only is it distasteful to them, but they do not seem to be able to digest and assimilate it. When this decided idiosyncrasy exists, the nurse's ingenuity is taxed to the utmost to provide substitutes that will equal the milk in food value. It is marvelous how it enters into the composition of almost all dishes usually included in an invalid's dietary, and how difficult it is to exclude it altogether, especially if the diet must be liquid.

Reliance must be placed upon three classes of fowl, cereals, meat broths and eggs, if the latter are permitted.

The cereals used to make porridge are all suitable for gruels; it is only a question of adding more water. Well-cooked, nicely-flavored gruel is palatable, and will be taken readily by most sick people, but the sticky, tasteless mess, too thin for a solid and too thick for a fluid, that is sometimes offered, is too unappetizing to be more than tasted and refused. Water gruels require to be particularly well boiled, strained so as to be perfectly smooth, made the right consistency to drink easily and to be properly flavored, or seasoned. If the nurse has to leave the gruel during the early stage of cooking, and cannot stir it sufficiently, it may become lumpy. She can easily remedy this by beating it with a Dover egg-beater. This invaluable expedient will make smooth even a compound as thick as blanc mange.

Barley Gruel

Wash two ounces of pearl barley well in cold water, changing the water two or three times. Cover it with a quart of cold water and boil until it is reduced to a pint. Strain, flavor with lemon juice, and sweeten, or not, as desired.

Oatmeal and cornmeal contain more fat than other grains, and so are better to use when milk is prohibited. Cornstarch gruel can be flavored with cinnamon, if that spice is liked. Farina and other fine wheat preparations make acceptable gruel, either salted or sweetened. Hominy gruel will be eaten by some persons who would refuse yellow cornmeal gruel. Rice and arrowroot, being entirely deficient in fat, should have a small piece of butter stirred in when they are made without milk, and a dash of lemon juice improves the taste, or a little strong coffee, if sugar may be added.

When the patient is not on liquid diet, and is allowed cereals, which, however, have to be eaten without milk, try adding fruit, if it can be

given. Strawberries, blackberries, sliced peaches, ripe bananas sliced, or even a stewed apple, will vary the monotony. Figs and dates cut up, or raisins, may be stirred in and the cereal shaped in little moulds.

Meat Broths

As you know, beef, mutton, lamb, chicken and even veal are used for making broth. It if is properly made it contains a considerable amount of nourishment, albumin and other proteids, beside mineral salts. Beef juice is the form most often given to very sick persons. It can be obtained by pressure, or by heat. A quick way of doing the former is to put a small dish in a pan of almost boiling water until it is thoroughly heated, lay on it a half-pound slice of beef, cut from the top of the round, turning it when one side has become whitened. Cut the beef in small pieces and squeeze them, a few at a time, in a lemon squeezer, or a potato ricer, if you have not a meat press.

If it is desired to heat raw beef juice, it should be done by standing the cup containing it in hot water and stirring it carefully. It will curdle if it is allowed to boil. It can be stiffened with gelatine and made into beef jelly.

Baked Beef Tea

Cut two pounds of juicy beef into small squares, put them in a jar with half-a-pint of cold water. Set the jar in a cool oven and bake for three hours. Pour off the liquid, season and add celery salt, if it is liked.

In making mutton broth, be careful to remove every particle of fat.

Oyster Broth

Oysters have about the same composition as milk; they are digestible, and, when they can be obtained, are a welcome addition to the diet list. To make broth without milk, drain the liquor from the oysters and strain it through a fine wire strainer and heat it. Take three oysters to a cupful of liquor, wash them in a little clear water, put them in the hot liquid until the edges curl, not longer, or they will be tough. Cut them in small pieces and return them to the hot liquor, season and serve. If no solid food is allowed, cut them up and cook them in the liquor a little longer, then strain them out. If milk is allowed, add an equal quantity of hot milk to the liquor.

Lemon Pudding

A good pudding for a convalescent who cannot take milk is made with two tablespoonsful of cornstarch, two teacupsful of boiling water, two eggs, one dessert spoonful of butter, sugar to taste, juice and rind of one lemon. Mix cornstarch smooth with cold water, add boiling water and other ingredients; cook until stiff. Save white of one egg, beat stiff with a little sugar, spread on top of pudding and brown in the oven.

Hospitals and Nurses

NOVA SCOTIA

Miss Isabella Barrington has returned to Halifax, after a winter in Bermuda, much improved in health. Nursing Sisters Fife, Thompson, Campbell, Monbourquette, Tout, and Rhinshart have been ordered overseas.

Miss Grace Grant, Miss Urquhart, Miss McManus, and Miss Kathleen Hallisy have been given commissions in the C. A. M. C.

The engagement has been announced of Miss Anna Fraser, graduate of the V. G. Hospital, Halifax, and, for the past few years, Matron of the Infants' Home, Halifax, to a Halifax business man.

Nursing Sister Margaret Fraser was in Halifax en route to visit her mother, who lives in Saskatchewan. Sister Fraser is Matron of a hospital ship.

Nursing Sister Davidson, of the Dalhousie Unit, is home on furlough.

Nursing Sister Dempsey, who has been overseas, is doing duty at the Station Hospital.

The old Morris Street School has been converted into a hospital for the remaining patients from the explosion. It has been repainted and fitted up and is now under the able management of Miss Kirkpatrick, formerly of the Truro Hospital, assisted by Miss Lola Scott.

Miss McKeil, one of the most popular members of the N.S.G.N.A., has been appointed Superintendent of the Truro Hospital, with Miss Georgie Smith as her assistant.

Miss Gleaves and Miss Bishop, of Dartmouth, have each received $50.00 from the Executive of the V. O. N. in Ottawa for valuable services rendered on and after the day of the explosion.

Nursing Sister Florence Fraser, late of the Dalhousie Unit Overseas, is at present Acting Matron at the Bellevue Hospital, Halifax.

Nursing Sister Davies has returned from the Military Hospital, Dartmouth, and is back at Pine Hill.

Nursing Sisters Emily Brennan and Davidson are on duty at Camp Hill Hospital.

Nova Scotia General Hospital Alumnae

The monthly meeting of the N.S.G.H.A. was held at Dalhousie University. After the business meeting a most interesting and instructive address on Smallpox was given by Professor Fraser Harris.

Much sadness was caused among the Nursing Sisters on learning of the death at the Station Hospital this week of Nursing Sister Jessie Agnes

Jarvis, of Truro, after a few days' illness, from pneumonia. She was only twenty-five years of age, and had but recently completed her training at Worcester, Mass. Several nurses went up to Truro to attend the funeral.

Miss Anna Norris, Miss Grace LaPierre, and Miss Violet Prest have been appointed to the staff of the Military Hospital, Halifax.

Miss Banyord, of the Hospital for Children, has been granted two months' leave of absense on account of the serious illness of her mother.

Miss Pickles, Superintendent of the Victoria General Hospital, Halifax, will represent the N.S.G.A.A. at the annual meeting of the Canadian Association to be held in Toronto in June.

Miss McNeil and Miss Smith, of Halifax, have gone to Truro to take charge of the Ainsley Hospital, Miss McNeil as Superintendent, and Miss Smith as assistant.

Nursing Sister Sadie MacLean, of Sydney, has been appointed Matron of the Ross Hospital for Returned Soldiers.

A number of Sisters from the West have been in Halifax for some weeks awaiting transportation overseas. Accompanying them overseas from Halifax were Nursing Sisters Smiley, Loat, Hallisey and Rhinehart.

Matron Harriet Graham arrived home from overseas a short time ago, and it is expected that she will shortly take up her duties as Matron General for Nova Scotia.

Bellevue Military Hospital has been closed for the present, and the six Sisters who were stationed there have gone to Camp Hill Hospital.

Miss Steeves, who has been in charge of the Parker Hospital, Dartmouth, has been taken on the strength of Camp Hill Hospital.

* * * *

NEW BRUNSWICK

The regular monthly meeting of the New Brunswick Association of Graduate Nurses was held in the Long Room of the Tuberculosis Dispensary, May 15th. The usual business was transacted.

Nursing Sister Stamers, who is now on transport work, spent a day in St. John this week.

Miss Edith Patterson (General Public Hospital, class 1918) has joined the Canadian Army Medical Corps, and is on duty at the Martelle Military Hospital.

Miss Eva Smith has resigned her position as Night Superintendent of St. John General Public Hospital, and Miss Eugenia Taylor has taken her position.

On May 14th Mrs. F. S. Dunlop entertained informally at tea for Nursing Sister Ethel K. Moody, who was home on short furlough.

QUEBEC

Montreal General Hospital Alumnae

The Montreal General Hospital Alumnæ Association was "at home" on May 10th to the graduate class, spring 1918.

Miss Tedford and Miss Jamieson have been appointed delegates to attend the meeting of the Canadian National Association of Trained Nurses, to be held in Toronto, June 4th to 8th.

The Montreal General Hospital Alumnæ Association extend their deepest sympathy to Miss Hogan in the recent loss of her father, who died at Moncton, N. B.

Miss Colborne is on duty in the Military Hospital, Drummond Street.

Miss Rhodes, spring class 1918, is on duty in Quebec Military Hospital.

Miss Barrett has been appointed Assistant Superintendent of the Montreal Maternity Hospital.

Miss Daly has resigned from the operating staff of the Montreal General Hospital.

Miss Jamieson and Miss K. M. Wilson spent a vacation at Waterbury Inn, Vermont.

Miss Colquhoun, who has been ill with pneumonia, is now convalescent.

The Western Hospital Alumnae Association

The regular monthly meeting of the Western Hospital Nurses' Alumnæ was held in the Nurses' Home on Monday, May 6th, at 4 p.m. Owing to some members being out of town and others called to military duty, only a few were present, and it was made a social meeting. Of the former, Miss Flynn and Miss Raymond are on duty at the Shawnigan Falls Hospital, Miss Dean temporarily doing private nursing in New York. In April Miss Vance, Miss McArthur and Miss Douglas took up duty in the military Hospitals in the icty.

A tennis tea was discussed, in aid of the Association.

Miss Brand, while at Shawnigan Hospital, contratced typhoid fever, from which she is now convalescing, and leaves shortly for Atlantic City.

Miss Fowles (Mrs. Daw) was married May 1st.

Nursing Sister M. McCrae is stationed at No. 1 Military Hospital in England.

We regret to report the death of Mr. W. W. Craig, father of Miss Craig, our Treasurer, which occurred May 12th at his late residence, 268 Bishop Street.

The last monthly meeting of the season of the Canadian Nurses' Association was held on May 7th, when Dr. George Hall gave the second of a series of lectures on Circulation and Diseases of the Heart. It was a very interesting and helpful discourse. Miss Phillips announced her intention of attending the Convention of the Canadian Nurses' Association of trained nurses at Toronto.

Among the most prominent of the many interesting booths at the Montreal Baby Welfare Exhibition, held from May 13th to 25th, were those of the Montreal Foundling Hospital, at which Miss Phillips (President of the C.N.A.) presided, and demonstrated many simple home truths to the crowds of young mothers who visited the Exhibition. There was a simple home-made ice-box, a bed made out of a laundry basket, neatly covered with blue cambric and muslin at a cost of $2.08, and a peach basket converted into a baby's basket, covered with the same material as the bed, costing 93 cents.

The Children's Memorial Hospital Booths exhibited simple, inexpensive and suitable foods for children of various ages, nicely made and served, with copies of recipes for same. They also had posters of "Don't" for children, with a list of articles not to be given and examples of murderous-looking pastries and fancy cakes.

The Local Council of Women had the "Mentally Deficient" and "Social Hygiene" booths, and Prof. C. M. Derick and Miss Cole gave instructive, simple lectures on both subjects.

There were also daily lectures by the various local dentists on Mouth Hygiene and the care of teeth.

* * * *

ONTARIO

The Nurses' Alumnæ Association of Kingston General Hospital met on Tuesday afternoon, May 7th, in the Nurses' Residence. The following grants were made: Kingston Red Cross, $100; Military Y.M.C.A., $100; Salvation Army Fund for Soldiers' huts, $25; W.C.T.U. for hot drinks for soldiers, $25. It was also announced that 100 pairs of socks and 100 packages of cigarettes had been sent to Major H. E. Peuse for men of the 21st Battalion. A good supply of linen and wash-room fixtures was also given to the Nurses' Home, and the promise of more linen in the Fall. In connection with the grant of $100 to the Red Cross, Mrs. George Nicol, President of Alumnæ, and Miss Emma Hunter, Secretary-Treasurer of K. G. H., were made Red Cross life members and presented with life membership pins. Miss Florence Hiscock was appointed as delegate to the Canadian National Association of Nurses' Convention, to be held in Toronto in June. Mrs. F. Robinson will represent the Kingston Chapter of Nurses.

The Violet Day on Easter Saturday was very successful, the sum of $9.05 being raised.

On May 10th the graduating exercises of Kingston General Hospital were held in Sydenham Street Methodist Church, twenty-five nurses receiving their diplomas and pins. The following nurses graduated: Miss Alice Norah Fisher, Miss Mildred Heasler, Miss Bessie Maitland, Miss Catherine Rotters, Miss Eliza MacNaughton, Miss May McElroy, Miss Lila Riley, Miss Daisy MacNamee, Miss Helen MacDougall, Miss Margaret Ethel Moon, Miss Dora McKendry, Miss Blanche Wesley, Miss Bessie Alp, Miss Clara Vincent, Miss Isabelle Dunlop, Miss Mary

Scholes, Miss Margaret Brown, Miss Blanche McCall, Miss Bertha Schillington, Miss Dorothy Nicol, Miss Hazel McKinstry, Miss May Mills, Miss Olive Richards, Miss Hannah Greaves, and Miss Grace Asselstine. Gold Medalist, Miss Daisy McNamee; Silver Medalist, Miss Blanche Wesley; prize in Materia, Miss Daisy McNamee; prize in Pediatrics, Miss Grace Asselstine. Intermediate Class: For highest marks, Miss Mary Carletta Brouse; prize in Minor Surgery, offered by Dr. Stanley Keyes, Miss Lillian Wilson. Junior Class: For highest marks, Miss Luella Hutcheson.

Miss Gertrude Murdock (class 1917), Kingston General Hospital, has been appointed Night Supervisor of Kingston General Hospital, in place of Miss M. A. Beyes, who is going overseas.

Nursing Sister B. Wesley is doing military nursing at Onganawa Hospital, at Kingston.

We are sorry to report the illness of Mrs. Howard Marchall, Treasurer, and Miss Irene Moore.

Brantford General Hospital

The regular monthly meeting of the Brantford General Hospital A. A. was held in the reception room of the Nurses' Residence on Tuesday, May 14th. The meeting was well attended. A committee, consisting of Miss Forde, Hon. President, as Convener, and two assistants, Miss Barrick and Miss Tinck, was appointed to have charge of the new Registry Board. Miss M. Hall gave a delightful account of the Annual Meeting of the G.N.A.A., held in London in April.

We are sorry to report the illness of two of our members, Miss G. MacMaster and Miss F. Slee. Both are improving.

We extend heartiest congratulations to Dr. W. D. and Mrs. Wiley (nee Miss Gertrude Best, class 1915), who were married on April 30th at the bride's home in Glen Buel. They will reside in Brantford.

The monthly meeting of the Kitchener and Waterloo Graduate Nurses' Association was held at the Kitchener and Waterloo Hospital on Monday, May 5th. After the usual business session, Miss Eislie, Superintendent of the Kitchener and Waterloo Hospital, gave a very interesting and instructive talk on Nursing Ethics.

Miss B. M. Simpson (M.C.M.) has resigned her position in Peterborough, and will spend the summer at her home in Hamilton.

Misses B. Emerson, Davidson and Stanton have joined the nursing staff of the Toronto Base Hospital.

Nursing Sisters Wright, E. Dewey and E. Scarlet have left for points east en route overseas.

Nursing Sister Mabel Brown, a graduate of the Mack Training School, has been spending a brief furlough of seventeen days in Canada, after nearly three years' service overseas. During her stay she was most cordially entertained at Bowenville, where she had formerly been Sup-

erintendent of the Hospital. She was also entertained in Toronto at the home of her aunt, Mrs. Williamson, 626 Euclid Avenue.

Nursing Sister Una Emery has returned to her home in Burlington after a year's service overseas with the Q.A.I.N.S. Nursing Sister Annie E. Knowles, who joined at the same time, has signed for another year, and is at present stationed at Malta.

Nursing Sister Mabel Lucas, gradaute of Toronto Western Hospital, is home on seventeen days' furlough.

* * * *

MANITOBA

Miss Randal, Editor of the *Canadian Nurse and Hospital Review*, addressed a gathering of the Brandon Graduate Nurses on May 29th, for which Mrs. Gemmell kindly loaned her home. Miss Randal spoke on the Magazine, the franchise, N.A.D. problem, Training Schools, Registration, etc. An Association was formed and officers elected. The nurses were delighted to have the opportunity of hearing Miss Randal speak, and a most enjoyable and instructive evening was brought to a close by the singing of the National Anthem.

Winnipeg General Hospital

The Gradauting Exercises of the Winnipeg General Hospital Training School for Nurses took place on Wednesday, May 22nd, 1918, thirty-two nurses receiving their diplomas and medals. Mr. E. L. Drewry, in the absence of Mr. G. F. Galt, President of the Hospital, took the chair and opened the proceedings with a short address. Appropriate addresses were also delivered by President MacLean of the University of Manitoba, and Dr. B. J. Brandson, of the Staff of Surgeons. The Lieutenant-Governor, Sir James Aikens, also spoke. The following nurses compose the graduating class: Miss Alice F. Stevenson, Miss Dora I. Hettle, Miss Kate Long, Miss Kate C. Montgomery, Miss Mary Currie, Miss Amy H. McKiver, Miss Mary N. Barbour, Miss Ethel J. Collins, Miss Murjel Ross, Miss Muriel Mackenzie, Miss Vera A. Peel, Miss Ruby Lawler, Miss Marion Hewitt, Miss Madeline M. Foley, Miss Jesepha A. Treed, Miss Mary G. Phillips, Miss Mabel A. Lovell, Miss Dorothy K. Anderson, Miss Gretchen G. Goulding, Miss Mabel Miller, Miss Hazel M. Sparling, Miss Minnie N. Musgrove, Miss Agnes B. Martin, Miss Marjorie Thompson, Miss Typhina Wiggins, Miss Jennie E. Bradshaw, Miss Norah M. Halpin, Miss Petrea K. Brandson, Miss Elsie Baxendale, Miss Flora H. Stevens, Miss Florence M. Harrison, Miss Mabel Jones. The prize winners were: Highest general proficiency, Miss Dorothy K. Anderson; Bandaging, Miss Ethel Collins; Obstetrics, Miss Petrea Brandson; Surgery, Miss Muriel MacKenzie; Infectious Diseases, Miss Madeline Foley; Charting, Miss Alice Stevenson. Intermediate Scholarship, Miss Marion Bell; Junior Scholarship, Miss Florence Gruchy.

SASKATCHEWAN

The eighth annual meeting of the Regina Graduate Nurses' Association was held on May 2nd at the Nurses' Residence, General Hospital. There was a large attendance, and some fifteen new members joined the Association. After the routine business, Dr. R. G. Ferguson, Superintendent of the Fort Quapelle Hospital, gave a most interesting paper on Sanatorium Treatment of Tuberculosis.

Miss Anna Beany (class 1914), graduate of St. Paul's Hospital, Saskatoon, has returned after two years spent in England and France.

Miss Jessie McCrae, graduate of the Saskatoon City Hospital, has been transferred from the Saskatoon Military Hospital to the Military Hospital at Moose Jaw.

The regular monthly meeting of the Saskatoon Graduate Nurses' Association, was held at the St. Paul's Nurses' Residence on May 2nd. After the routine business Mrs. Sylvester Archibald gave an interesting talk on "A Nurse's Experience and the Establishing of a Hospital behind the lines in the Dardenelles."

Nursing Sister E. Russell, C.A.M.C., of Guelph, Ont., has been appointed Matron-in-Chief of Medical District Number 12. She assumes duty June 1st, 1918.

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BRITISH COLUMBIA

Much sympathy is expressed for Nursing Sister Margaret Reid, C.A.M.C., on the death of her brother, Lieut. J. D. M. Reid, of the Royal Flying Corps, who was killed in an accident at Rugby, England, May 9th.

Sister Charles, who for many years has been in charge of the operating room at St. Paul's Hospital, Vancouver, was recently presented with a very substantial sum of money as a slight appreciation on the part of the visiting surgeons of her work. Sister Charles is leaving for a trip East, where her brother is to be ordained priest.

Miss E. M. Hogan, who was for nearly five years Matron of the Hazelton Hospital, is now with No. 2 Canadian General Hospital, in France. She was for a time with the Ontario Hospital, Orpington, and at Basinstok.

The graduation exercises of the Royal Inland Hospital, Kamloops, took place on May 10th. The following were the graduating class: Mrs. S. E. Bastwin, Miss M. E. Tedder, Miss R. Quesnel, and Miss M. H. Norworthy.

Miss Margaret E. Day, graduate of the Western Hospital, Toronto, has left Vancouver, B. C., for Banff, where she will take charge of the Brett Hospital there.

Word has been received in Vancouver that Nursing Sister Eden Lyal Pringle, a graduate of the Vancouver General Hospital, was one of the victims of the Hun air raid upon the Allied Hospitals in France, and that she died of wounds on May 30th.

Miss Pringle was assistant supervisor of the operating room of the Vancouver General Hospital at the time she left for overseas service. Leaving Vancouver early in May, 1917, she spent six months at a Canadian Hospital in Buxton before going to No. 3 Canadian Stationary Hospital, France.

The graduation exercises of the Royal Columbian Hospital, New Westminster, were held on May 22nd at Johnston's Hall, Sapperton. There were a number of addresses and a musical programme. The graduates are: Miss Grace McAllister, Miss M. McDonald, Miss Ethel Jones, Miss Kathleen Currie, Miss E. Harrigan, Miss Marjorie Burrows, and Miss Bettey Nelson.

Mayor Gray, presiding as Chairman of the Hospital Board, referred to the need for trained nurses created by the war and congratulated the graduates on having completed their course.

Mr. David Whiteside, M.L.A., referred to the Nurses' Bill passed at the last session of the Legislature. This measure had been asked for several years and had at last become law without dissent in the House.

Dr. J. G. McKay addressed the graduates, congratulating them on their success and offering some advice. Mrs. A. C. Eddy, Acting President of the Woman's Auxiliary of the Hospital, and Mrs. H. C. Major, President of the Military Hospital Auxiliary, also spoke briefly. Mrs. A. J. Hill presented the diplomas and medals. Miss Sinclair, lady superintendent of the Royal Columbian Hospital, presented the special medal given by the New Westminster Graduate Nurses' Association to the nurse showing the greatest efficiency in the graduating class. This was awarded to Miss Kathleen Currie.

Births

CAREFOOT—At Forres, Saskatchewan, March 19th, 1918, to Dr. and Mrs. Rankin Carefoot, a daughter. Mrs. Carefoot was Miss Clara Swauze (M.G.S., 1915).

HICKEY—At St. Paul's Hospital, Saskatoon, April 26th, 1918, to Mr. and Mrs. Cyril Hickey, a daughter. Mrs. Hickey was Miss Agnes Scott, graduate of St. Paul's Hospital (class 1916).

MCDUFFE—At St. Joseph's Hospital, Chatham, Ontario, May 3rd, 1918, to Mr. and Mrs. D. F. McDuffe, 207 Raleigh Street, Chatham, a son, David Malcolm. Mrs. McDuffe was formerly Miss "Tiny" Telfer (T.G.H., 1910).

HATHAWAY—At Kitchener, Ont., May 1st, 1918, to Mr. and Mrs. George Hathaway, a son. Mrs. Hathaway was Miss Rolena Ross, graduate of Kitchener and Waterloo Hospital.

VAUGHAN—At St. John, New Brunswick, May 2nd, 1918, to Mr. and Mrs. John Vaughan, a son, John Davidson. Mrs. Vaughan is a graduate of the St. John General Public Hospital.

MAYER—In February, 1918, to Mr. and Mrs. H. E. Mayer, of Banfield, B. C., a son. Mrs. Mayer was Miss K. Guillod, graduate of Vancouver General Hospital, Vancouver, B. C.

Marriages

KRAFT-BETZNER—At Kitchener, Ont., on March 14th, 1918, Flossie Betzner to Clayton Kraft. Mrs. Kraft is a graduate of North Adams Hospital, Mass.

ERB-TROXEL—At Kitchener, Ontario, on April 24th, 1918, Dr. R. J. Erb to Olive L. Troxel. Mrs. Erb is a graduate of the Montreal General Hospital (class 1912).

GILLRIE-BOWER—On Saturday, April 20th, 1918, at St. Andrew's Presbyterian Church, Hamilton, Ontario, by the Rev. J. A. Wilson, Margaret Bower (H. O. H.) to Captain F. Russell Gillrie, C.A.M.C., Toronto.

VOETTER-MANSER—On April 24th, at Kitchener, Ontario, Myrtle Manser to Charles Vœtter. Mrs. Vœtter is a graduate of Kitchener and Waterloo Hospital.

WILEY-BEST—On April 30th, 1918, at Glen Buell, Ontario, Gertrude Best to Dr. W. D. Wiley.

MACLEAN-WISHART—At the Parish Church of St. John the Baptist, Buxton, England, Tuesday, May 4th, 1918, Nursing Sister Joyce Thompson Wishart, C.A.M.C., daughter of Allison Wishart, St. John, New Brunswick, to Captain Archibald MacLean, 10th Canadian Battalion, Saskatoon.

Deaths

HISCOCK—At the home of her father, Kingston, Ont., on April 4th, Nursing Sister Anna Hiscock. Miss Hiscock was a graduate of the K.G.H., class 1911.

MORRISON—At the General Hospital, Winnipeg, May 30th, 1918, Norman, only child of Mr. and Mrs. J. B. Morrison, 220 Belvidere Street, Winnipeg, aged 7 years. Mrs. Morrison is a graduate of the W. G. H.

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The Wrens

Because the "Waacs" have succeeded beyond all possibility of adverse criticism, and have more than justified the experiment which authorized their organization, the British Government has created a similar branch of service in the navy. Officially, this body, which is in process of organization, is known as the "Women's Royal Naval Service," but, for short, it is called "The Wrens."

Dame Katherine Furse, G.B.E., is director of this new branch of women's work, and she brings to the undertaking all the wisdom resulting from her three years' experience in organizing the V.A.D.'s. No one need be told of the efficiency and value of that body, for the V.A.D.'s have gone from service to service, and each has proved more valuable than the last.

Support and substitution are the reasons for the existence of the "Wrens" as they are for that of the "Waacs," and, through them, men are released for naval duty. They work under the direct supervision of the Second Sea Lord of the Board of Admiralty. It is indeed thrilling to know that, in its hour of need, England's Navy not only needs England's dauhgters, but invites their aid; even more thrilling is the fact that England's daughters are both willing and able to answer that call—able because ever since the war began they have voluntarily trained themselves for this very service which their broad vision showed would be needed.

The work to which the "Wrens" are called is both difficult and dangerous, but none the less welcome because of that. It means that, today, women are actually in the firing line.

In the case of officers and those in the ranks, the greatest care is used in selection. Fitness is the great thing kept in mind. Personality is all-important. Birth and education are indispensible qualifications for those highest in rank, and a knowledge of the work-a-day world is of decided advantage. Application for enrollment must be made at the Professional Registry, Minister of Labour, Queen Anne's Chambers, S.W. Personal application is preferred to that by letter. The age limit is from twenty-five to forty-five.

When accepted, the applicants referred to become "section leaders," and may rise to the rank of "Principal." A short period of special training will follow (probably given by a "Waac" who has mastered details of service and discipline), and this will be followed by training in the strictly naval service.

The main body of the "Wrens" are known as "Naval ratings." Included in these are cooks, stewards, telephone and wireless operators, writers (clerks), and aeroplane workers. When promoted, the "naval ratings" become "assistant section leaders." Application for admission

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to any of these groups must be made through an employment agency in the usual way, and Crystal Palace is to be the training station.

Women and girls living at home will be employed as Wrens whenever possible, and when off duty will become private citizens. For all classes the uniform is dark blue—the colour that belongs to the Navy. The lower grades wear a frock coat; higher ranks wear a natty skirt and coat, but Dame Furse and her four assistants wear skirts and coat of fine-faced cloth and three-cornered hats with the Royal Navy Crown and badge on a piece of St. Patrick's blue.

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